

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

PATENT APPLICATION FEE DETERMINATION RECORD

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number				
CLAIMS AS FILED - PA (Column 1)					ART I (Column 2)		SMALL ENTITY		0. 0R		OTHER THAN SMALL ENTITY	
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мυ	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ s =		- CR			
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		CLAIMS AS A					TOTAL	L		i wi Au		
		(Column 1)		(Column 2)	(Column 3)		CMAN	************************************	- OR	OTHE	R THAN	
N ∀ N	٠	CLAIMS REMAINING AFTER	1	HIGHEST NUMBER PREVIOUSLY	PRESENT		RATE	ADDI- TIONAL			ADDI-	
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AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					 	× \$=		OR	x ś=		
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_		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- HONAL FEE		RATE	ADDI: TIONAL	
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		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							S_ = OTAL DD'L FEE		OR L	TOTAL ADD'L FEE		
				in column 2, write IN THIS SPACE is N THIS SPACE is			1		5.1	ADDLIFEE		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate one of law the 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 ,210 CLAIMS AS FILED - PART I OTHER THAN (Column 1) OP. (Column 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE FEE (37 CFR 1.16(a)) 710 4510 OR TOTAL CLAIMS (37 CFR 1.16(c)) 0 minus 20 = ΟŘ INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = CR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 270 OR * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-AMENDMENT RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE Total FEE Minus (37 CFR 1.16(c)) OOR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CF/R 1.16(d)) OR TOTAL TOTAL ADD'L FEE OB ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ REMAINING PRESENT NUMBER RATE ADDI RATE ENDMENT ADDL **AFTER** PREVIOUSLY **EXTRA** HONAL FIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) FEE ÓR Independent (37 CFR 1.16(b)) Minus Ş OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEF (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ENT ADDI: AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) FEE ENDME OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) ĊR TOTAL TOTAL ADD'L FEE OR. ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

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